FORM DP-200 980

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SINGLE MEMBER LIMITED LIABILITY COMPANY REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER

| FOR DRA USE ONLY | |
|------------------|--|
| | |

| | | FOR DRA USE ONLY |
|--|--|---|
| | INSTRUCTIONS | |
| WHO MUST FILE | All Single Member Limited Liability Companies (SMLLC) | |
| PURPOSE | To obtain an identifying number which is required to file NH tax related documents. SMLLC's are required by NH Law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. A New Hampshire Department of Revenue Administration assigned number, Department Identification Number (DIN), is necessary in order to process all tax related documents for a SMLLC. | |
| WHEN TO FILE | This form must be filed at least 30 days prior to the due date of your first business tax document. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. | |
| WHERE TO FILE | NH Department of Revenue Administration Document Processing Division PO Box 637 Concord NH 03302-0637 FACSIMILE DOCUMENTS ARE NOT ACCEPTED | |
| NEED HELP | Call the Department of Revenue Administration, Document Processing Division at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964. | |
| | SMLLC ENTITY INFORMATION | |
| SMLLC NAME | | |
| | & STREET ADDRESS | FOR DRA USE ONLY DIN |
| ADDRESS (contin | ued) | |
| SMLLC CITY/TOW | N, STATE & ZIP CODE | |
| Your departme | MUST USE THE DEPARTMENT IDENTIFICATION NUMBER WHEN FILING ANY AND ALL TAX nt assigned number shall be used in place of the member's federal employer identification number shall be entered wherever federal employer identification number shall be entered wherever federal employer identification number SMLLC MEMBER INFORMATION | umber. When filing all future documents |
| SMLLC MEMBER I | NAME | PROPRIETOR'S OR PARTNER'S SSN |
| SMLLC NUMBER | & STREET ADDRESS | PROPRIETOR'S OR PARTNER'S FEIN |
| ADDRESS (contin | ued) | |
| SMLLC MEMBER (| CITY/TOWN, STATE & ZIP CODE | |
| ENTITY TYPE: 1 Proprietorship 2 Corporation/Combined Group 3 Partnership 4 Fiduciary | | |
| Yes, for f | ederal income tax purposes, the income of the SMLLC will be reported on the tax return of the mer | nber as listed above. |
| | deral income tax purposes, the income of the SMLLC will NOT be reported on the tax return of the ed on the tax return for: | |
| NAME | of the tax return of. | MEMBER'S SSN OR FEIN: PROPRIETOR'S OR PARTNER'S SSN |
| NUMBER & STREE | T ADDRESS | PROPRIETOR'S OR PARTNER'S FEIN |
| ADDRESS (continu | ed) | |
| CITY/TOWN, STAT | E & ZIP CODE | |
| I Indor panaltina | as provided by law I declare that I have examined this application, and to the heat of any law and a | a and ballof it is true correct and as and as |
| under penaities | as provided by law, I declare that I have examined this application, and to the best of my knowledg | e and belier, it is true, correct and complete |

SIGNATURE (IN INK) OF APPLICANT (Proprietor or Partner) DATE SIGNATURE (IN INK) OF OFFICER OF CORPORATION IF OTHER THAN OWNER DATE

TITLE

NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION MAIL **PO BOX 637** TO: CONCORD NH 03302-0637